

- 17) I work / I do not work on:
 ___ ~~Special Holiday~~ and I am paid / not paid additional amount equivalent to 30% on my daily pay.
 ___ Regular Holiday and I am paid / not paid additional amount equivalent to 200% of my daily pay.
- 18) I am paid / I am not paid my regular holiday pay.
- 19) I / bienatrix fills out my daily time records.
- 20) The Employer / Company provides / do not provide meal & snacks / lodging facilities and deduct ___ amount from my wage/ salary with / without written authority from me authorizing the deduction.
- 21) The following are deducted from my wage/salary:
 ☒ SSS : Php _____
 ☒ Pag-ibig : Php _____
 ☒ Philhealth : Php _____
 ☐ Others : Php _____
- 22) I receive my wage/salary in: Cash / Check / thru ATM.
- 23) I enjoy / I do not enjoy any of the following leave benefit?
 ☐ 5-days Service Incentive Leave
 ☐ 60-78 days Maternity Leave
 ☐ 5-days Service Incentive Leave pay
 ☐ 7 days Paternity Leave
 ☐ 7 days Solo Parent Leave
 ☐ 60 days Special Leave for Women
 ☐ 10 days Leave for Victims of Violence against Women and Children
- 24) There is / There is no labor union in the Company and I am / I am not a member of the union.
- 25) There is / There is no existing Collective Bargaining Agreement between the Union and Company.
- 26) I receive / I do not receive my 13th month pay.
- 27) In our workplace, there are:
 ☐ First Aider
 ☐ Dentist
 ☐ Nurse
 ☐ Safety Officer
 ☐ Doctor
 ☐ Safety Practitioner
- 28) I further state/manifest the following: _____

I hereby declare that the above were voluntarily given, true and correct to the best of my knowledge and belief.

IN WITNESS HEREOF, I have hereunto affixed my signature this 21 day of Oct, 2014 at M.C.

LEONIL G. GARCIA
 EMPLOYEE/ AFFIANT
 (Signature & Printed Name)

SIGNED IN THE PRESENCE OF:

[Signature]
 SUBSCRIBED AND SWORN to before me this 21 day of Oct, 2014 at M.C.

[Signature]
 Administering Officer / LLCO